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CONFIRMATION NO. 2466

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|---|---|----------------------------|--|--|
| <b>SERIAL NUMBER</b><br>09/818,875  | <b>FILING OR 371(c)<br/>DATE</b><br>03/27/2001<br><b>RULE</b>   | <b>CLASS</b><br>435        | <b>GROUP ART UNIT</b><br>1635  | <b>ATTORNEY<br/>DOCKET NO.</b><br>41428-0104 |
| <b>APPLICANTS</b><br>Eric B. Kmiec, Landenberg, PA;<br>Howard B. Gamper, Philadelphia, PA;<br>Michael C. Rice, Newton, PA;  |   |                            |  |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/192,176 03/27/2000<br>and claims benefit of 60/192,179 03/27/2000<br>and claims benefit of 60/208,538 06/01/2000<br>and claims benefit of 60/244,989 10/30/2000                            |   |                            |  |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                            |  |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 06/07/2001   |   |                            |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | STATE OR<br>COUNTRY<br>PA  | SHEETS<br>DRAWING<br>12  | TOTAL<br>CLAIMS<br>24                        |
| Examiner's Signature _____ Initials _____   |   | INDEPENDENT<br>CLAIMS<br>1 |  |  |
| <b>ADDRESS</b><br>25213   |   |                            |  |  |
| <b>TITLE</b><br>TARGETED CHROMOSOMAL GENOMIC ALTERATIONS WITH MODIFIED SINGLE STRANDED<br>OLIGONUCLEOTIDES  |   |                            |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>1922  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |